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Angiofibrosarcoma is a rare, soft tissue tumor of animal that was described in the orbit of human. We report a case of a dog with a inflammatory cell angiofibrosarcoma occurring in the oral cavity. A mucosal solid tumor raised in the adjacent to second premolar of 2-year-old female Saint bernard On histologic examination, the ulcerative pendunculated mass was composed of dense fibrous tissue with interspersed blood vessels. The blood vessels varied in number and configuration, were thin walled, slit like of dilated lumen, and lined by flattened and slightly plumped endothelial cells. The fibrous stroma showed mild to moderate hyper cellularity consisting of myxoid stellate and ovoid fibroblasts which nuclei were elongated with tapering ends. In some areas revealed degenerative changes such as myxoid changes, dystropic calcification and pyknotic nuclei as well as mitotic activity. The histologic differential diagnosis included a number of other uncommon soft tissue neoplasms, including fibroblastoma, fibrosarcoma, solitary fibrous tumor, angioleiomyoma and fibrous epulis. Here, we report a rare case of canine inflammatory angiofibroma of oral cavity by the histologic and immunohistochemical features of this tumor and differentiation from other histologically similar soft tissue neoplasms.

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Clinical And Pathologic Observations Of Megakaryoblastic Leukemia In A Dog

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The clinical, hematologic, and histopathologic features of megakaryoblastic leukemia (M7) were investigated in a 10-year-old female Shih-Tzu dog. Megakaryoblastic leukemia was diagnosed using anti-human platelet glycoprotein (GP IIIa) and anti-human von Willebrand factor (vWF) antibodies.

The expression of CD antigen status on megakaryoblasts was also assessed using a CD-79a monoclonal antibody. Immunologic markers allowed visualization of neoplastic megakaryocytes. Antibodies to GP IIIa have a high degree of sensitivity for cells of neoplastic megakaryocytes in bone marrow and spleen and other antibodies are relatively specific. Hematological and histological data coupled with immunohistochemical reactivity

for platelet GP IIIa, vWF, and CD79a antigen in blast cells confirmed a diagnosis of M7 megakaryoblastic leukemia.

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